



BOB RILEY  
GOVERNOR

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### **FILING INSTRUCTIONS**

**Diskette Instructions:** Create the text file in the format specified in the Instructions document (revised 1/1/2002), and save the file on a 3.5" floppy diskette. Mail the diskette to the address listed below and include the signed statement at the bottom of this page with your company's payment for the filing of appointments.

**E-mail Instructions:** Create the text file in the format specified in the Instructions document (revised 1/1/2002). Attach the file to an e-mail message addressed to the appropriate mailbox specified in the Instructions document. Your file will be placed in suspense and processed only when the signed statement at the bottom of this page and your company's payment for the filing of appointments is received and verified by our Accounting Division.

**PLEASE MAIL TO:** Attention: Accounting Division  
Alabama Department of Insurance  
201 Monroe Street, Suite 1700  
Montgomery, AL 36104

**Appointment Fees:** \$30.00 per company appointment or higher (if retaliatory fees apply).

### **THIS CERTIFICATION MUST ACCOMPANY ALL DISKETTE OR E-MAIL APPOINTMENTS**

"I certify that each appointee identified on the enclosed diskette or e-mail is appointed to act as a producer for this company in the State of Alabama, and that we have investigated the character and background of this applicant and are satisfied that the applicant is trustworthy and qualified to act as our producer. We endorse the applicant as being of good business standing and character, and we desire that the applicant be appointed as our producer as indicated herein. I have investigated and attest that this producer has not had an insurance license denied, refused, suspended or revoked since last licensed/appointed; producer has not had a contract/appointment cancelled by an insurer voluntarily or for reasons other than lack of production since last licensed/appointed; and has not been charged with or convicted of a felony or misdemeanor since last licensed/appointed."

**Appointing Authority** \_\_\_\_\_

Signature of Authorized Official

\_\_\_\_\_  
Date Signed

**Company Contact (please print):** \_\_\_\_\_

**Telephone (including area code):** \_\_\_\_\_